

CLAIMS ONLY							Application Number		Filing Date				
							Applicant(s)						
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend	
	Indep	Depend	Indep	Depend	Indep	Depend							
1							61						
2							62						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							69						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23	1						73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47	1						97						
48		1					98						
49		1					99						
50		1					100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						